

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

11/581307

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5			1			
6						
7						
8			1			
9						
10						
11						
12		1				
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27			1			
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38		1				
39						
40						
41			1			
42						
43			1			
44						
45						
46						
47						
48		1				
49			1			
50						
TOTAL IND.			9			
TOTAL DEP.			50			
TOTAL CLAIMS			59			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55						
56						
57						
58						
59						
60						
61						
62						
63						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						